



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) CORREA	(First) ULULANI	(Middle) S	TELEPHONE (808) 244 0745
MAILING ADDRESS (Street) 2180 Vineyard St. 1st gardens 201			FAX (808) N/A
(City) WAILUKU	(State) HI	(Zip Code) 96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) MAUI HOTEL ASSOCIATION			TELEPHONE (808) 244 8625
MAILING ADDRESS (Street) 1727 B WILI PA LOOP			FAX (808) 244 3094
(City) WAILUKU	(State) HI	(Zip Code) 96793	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) MAUI HOTEL ASSOCIATION	TELEPHONE (808) 244 8625
MAILING ADDRESS (Street) 1727 B. WILI PA LOOP	FAX (808) 244 3094
(City) WAILUKU	(State) HI
(Zip Code) 96793	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT ULULANI CORREA	TELEPHONE (808) 244 8625
MAILING ADDRESS (Street) Sumo w. dmm	FAX
(City) Sumo w. dmm	(State) HI
(Zip Code) 96793	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

[Signature]
 (Signature of Lobbyist)

July 20, 2005
 (Date)

PART V AUTHORIZATION TO LOBBY

NAME <i>NANE ALULI</i>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <i>Chair, MHA Board, Director</i>	
NAME OF ORGANIZATION (if applicable) <i>MAUI HOTEL ASSOCIATION</i>		TELEPHONE <i>(808) 244 8625</i>	
MAILING ADDRESS (Street) <i>1727 B WILI PA LOOP</i>		FAX	
(City) <i>WAILUKU</i>	(State) <i>HI</i>	(Zip Code) <i>96793</i>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Nane W. Aluli, Chair</i> (Signature of Authorizing Officer or Person Represented)		<i>Feb. 1, 2005</i> (Date)	